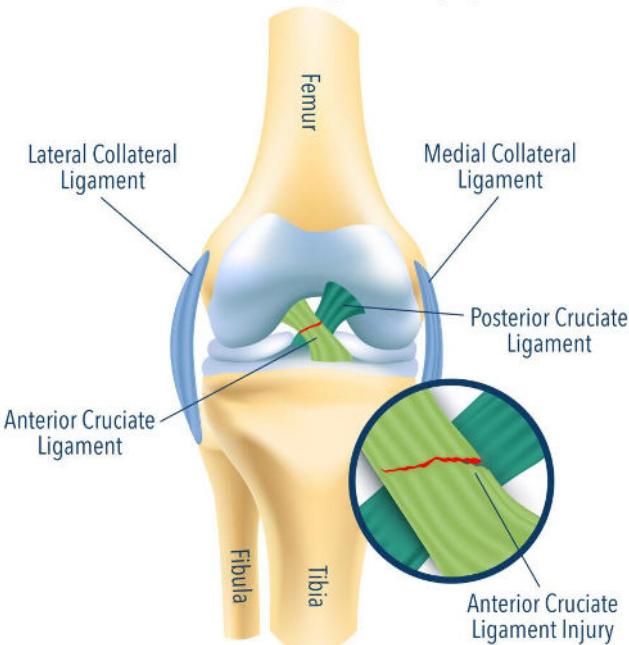


Anterior Cruciate Reconstruction

The Anterior Cruciate Ligament (ACL) within the knee joint provides stability to the knee during both daily activity such as stairs, pivoting and twisting and sports. It is commonly injured in athletes and surgical and non-surgical management has been extensively studied over many years.

The indications for surgery vary from patient to patient and depends on many factors such as activity level, status of the joint, mobility of tissues, timing from injury and patient goals for the future. Not everyone with a ruptured ACL require surgery, however, if knee instability or inability to return to desired activity remain after a trial of rehabilitation then surgery provides a successful outcome in over 90% of patients.

Anterior Cruciate Ligament Injury



Operative Management

The benefits of surgical ACL reconstruction are a restoration of confidence and stability in the joint, higher likelihood of return to sports and a degree of protection of the joint from further injury.

A commitment to recovery and involvement of physiotherapy is essential for an excellent outcome post ACL surgery and the rehabilitation time continues for up to a year. Patients are, however, able to walk with crutches straight away following surgery and usually don't require bracing.

The surgery is completed with a combination of small incisions and arthroscopy assistance. Tissue for reconstruction is harvested from the same leg unless additional tissue is required. Synthetic graft or augments to graft may occasionally be used. The graft is secured through the knee joint with the use of staples and screws. Most patients go home the same day. Bruising and swelling are to be expected and elevation and ice will help in the first 2-4 weeks.



Non-Operative Management

The main aims of non-operative management are to regain normal motion in the knee and maintain musculature. There is usually no rush to deciding to proceed with surgery for a ruptured ACL and an initial period of physiotherapy helps achieve better longer-term outcomes.



This brochure is a brief overview of the surgical management of the ACL and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.

Complications

A small number of patients may experience complications from surgery and numbness around scars, swelling, prominence of fixation devices, early clicking in the knee or scar development are some of the more common issues. Infection and blood clot are rarer but possible complications as is damage to the knee or surrounding tissues. The re-rupture rate in ACL reconstruction is well documented and is mostly associated with return to high level impact sports and reconstruction at a younger age.

Recovery Times

Hospital stay	Day only
Rest & elevation	2-3 days
Crutches	2 weeks
Time off work	
- Seated	3-4 weeks
- Standing	4-6 weeks
Swelling	12 weeks
Jogging on flat	3 months
Return to sport	9-12 months